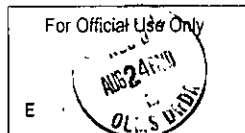


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11728	2. Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing Name MARK SOBEZAK P.O. Box, Bldg., Room No., if any Street 2739 ALGONQUIN PKWY. City TOLEDO State OHIO ZIP Code + 4 43606-3111	4. Name, file number and address of labor organization Name TEAMSTERS LOCAL 20 Labor Organization File Number 608530 P.O. Box, Building and Room Number, if any Street 435 SOUTH HAWLEY STREET City TOLEDO State OHIO ZIP Code + 4 43609
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mark Sobezak

On

8/14/05
Date

(419) 471-9506
Telephone Number

Name of Person Filing

MARK SOBCHAK

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9. Business deals with

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

MEDICAL MUTUAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2060 EAST NINTH STREET

City

CLEVELAND

State

OHIO

ZIP Code + 4

44115-1353

14.a. Nature of payment.

ATTENDANCE AT CHARITY
GOLF OUTING

13 b. Is the Business an Employer

X

or Consultant

?

14 b. Amount of payment

\$ 150.00

U. S. Department of Labor
Office of Labor-Management Standards
Washington, D. C. 20210

Re: Form LM-30

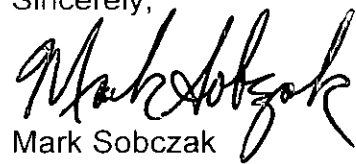
Dear Sir or Madam:

I have become aware that I have neglected to include a transaction that should have been reported on a Form LM-30. Enclosed please find a Form LM-30 with the transaction that I overlooked.

I apologize for this oversight and am submitting the enclosed Form LM-30 to correct the same.

Thank you for your cooperation. If You have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Sobczak', written in a cursive style.

Mark Sobczak